

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/159,436	09/24/1998	223	3741	KCX-26-DIV

APPLICANT  
TERRY N TANKERSLEY, LA GRANGE, GEORGIA; STEPHEN G WILL, MARIETTA, GEORGIA; RICHARD A WILLETT, LOGANVILLE, GEORGIA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED THIS APPLN IS A DIV OF 08/827,920 04/08/1997 PAT 5,862,525

\_\_\_\_\_

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

FOREIGN FILING LICENSE GRANTED 11/17/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____	GA	16	17	2
Examiner's Name Initials					

ADDRESS  
NEIL C JONES  
DORITY & MANNING  
700 E NORTH STREET  
SUITE 15  
GREENVILLE , SC 29601

TITLE  
FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR PRODUCING SAME

FILING FEE RECEIVED  \$**790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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SERIAL NUMBER 09/159,436	FILING DATE 09/24/98	CLASS 223	GROUP ART UNIT 3741	ATTORNEY DOCKET NO. KCX-26-DIV
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APPLICANT

TERRY N. TANKERSLEY, LA GRANDE, GA; STEPHEN G. WILL, MARIETTA, GA;  
RICHARD A. WILLETT, LOGANVILLE, GA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED THIS APPLN IS A DIV OF 08/827,920 04/08/97 PAT 5,862,525

Yes

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

None

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/17/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	STATE OR COUNTRY GA	SHEETS DRAWING 16	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR  
PRODUCING SAME

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APPLICANT	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED  _____					
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED  _____					
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED  _____					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY	SHEETS DRAWING 16	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2	
Verified and Acknowledged Examiner's Initials _____ Initials _____						
ADDRESS	NEIL C JONES DORITY & MANNING 700 E NORTH STREET SUITE 15 GREENVILLE SC 29601					
	FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR PRODUCING SAME					
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